2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 01, 2005
Secretary of State

DOCUMENT# N95000003664

Entity Name: FLORIDA IMMIGRANT ADVOCACY CENTER, INC.

Current Principal Place of Business:

3000 BISCAYNE BLVD
#400
MIAMI, FL 331374129

New Principal Place of Business:

Current Mailing Address:

3000 BISCAYNE BLVD
#400
MIAMI, FL 331374129

New Mailing Address:

FEI Number: 65-0610872 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

CASSIDY, CATHERINE
51 WOODLAND #206
VERO BEACH, FL 32962 US

Name and Address of New Registered Agent:

CASSIDY, CATHERINE
39 SIERRA DEL NORTE
FORT PIERCE, FL 34951 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____ 02/01/2005
Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: WHITEHEAD, PRISCILLA
Address: 501 96 ST
City-St-Zip: BAL HARBOUR, FL 33154

Title: SD ( ) Delete
Name: MARTINEZ, CARLOS
Address: 1320 NW 14TH STREET
City-St-Zip: MIAMI, FL 33125

Title: TD ( ) Delete
Name: FREYRE, PEDRO
Address: 1 SE 3RD AVE.
City-St-Zip: MIAMI, FL 33131

Title: VD ( ) Delete
Name: GILBERT-GOULD, JUDY
Address: 4200 BISCAYNE BLVD.
City-St-Zip: MIAMI, FL 33137

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CARLOS MARTINEZ SD 02/01/2005
Electronic Signature of Signing Officer or Director — Date